Y	4	PHYSI-
W	CORD	ould be stated EXACTLY, PHYSI-may be properly classified. Exact
(n	LNT	e stated l
NDING	RMA	ould be

PLACE OF DEATH County Howard

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No. 195		
	ull NAME Infant Boyce	St.: Ward) (If death occurred in a hospital or institu- tion, give ite NAME in- stead of street and number.)		
PERS	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX	M W SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH April 27, 1951 (Month) (Day) (Year)		
6 DATE OF B	IRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
	April 27, ,1931 (Month) (Day) (Yes	*******		
7 AGE	STILLBORN ds. ds. or m			
(b) General business, or	profession or ind of work nature of industry establishment in oyed or (employer)	STILLBORN (Duration) yrs. mos ds.		
9 BIRTHPLAC (State or	Savage, Md.	Contributory Secondary (Duration) yre moeds.		
FATHE	R Loring Boyce	(Signed) Manhathapley M. D.		
OF FATHER (State or country) Savage, Md.		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
OF MO	THER Mary Taylor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs de. In the State yre de.		
	E IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence		
(Informa	Hress) Farries, Wh.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL H 27 39		
Filed 4	27/31. 192 Thankfupley Registrar	20 UNDERTAKER ADDRESS		

If more blanks are needed, address Itate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken er," etc., Spinner, nature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HONICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondary Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease Nomenclature of the

If this certific te is looked over thoroughly and all questions answered in detail, it will mayent further forrespondence. All the data is essential that more be obtained before the certificate is permanently field.

PLACE OF DEATH		04696	STATE OF M	MARYLAND
County Howard.		(119)	CERTIFICATE Registration D	101
Village or City Elles White (1) 2FULL NAME Charles	vo. B	ruce	St: Ward)	(If death occurred a hospital or instit tion, give its NAME i stead of street ar number.)
PERSONAL AND STATISTICAL P	ARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
B SEX 4 COLOR OR RACE 5 SING MAR WIDE COLORED OR WITH	RED. WED. the word)	16 DATE OF DEATH	Chy (Month)	S, 1923/
6 DATE OF BIRTH May,	29, 193/ (Day) (Year)	that I last saw h	CERTIFY, That I atte	nded the deceased from 1927
7 AGE Hyrs. H mos.	If LESS than I day hrs. or min.?	and that death occur The CAUSE OF DEAT	red on the date stated. TH * was as follows:	
(a) Trade, profession or particular kind of work (b) General nature of industry	, Q	Ales.	- LO BAM.	
business, or establishment in which employed or (employer)		Contributory	(Duration)	
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 Country)	land.	(Signed) (Signed) *State the D Violent Causes, at Accidental, Sulcidal	(Address) Bulleting (Address) (Addre	or, in deaths from ury and (2) Whether
12 MADEMNAME OF MOTHER ANY 13 BIRTHPLACE OF MOTHER (State or Country) MANY (State or Country)	land	18 LENGTH OF RE ients or Recent Re At place of deathyrs	SIDENCE (For Hospit sidents) In the State	
(Informant) M. Mary 6	Bruce City W.	Where was disease contif not at place of deal Former or usual residence	Inf	DATE OF BURIAL
15 Filed apr 9 193/ W/1	Finsell	20 UNGERTAKER,	Sous &	Ellis Vil
If more blanks are needed,	address State Registra	r, 76 W. Saratoga St.,	Balto., Requesting V. S	. No. 1.

MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMA.

WRITE PLA

(Approved by U. S. Census and American Public Health Association.)

· laborer, en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a the first line will be sufficient, e. g., Farmer or Plonter, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. Foremon, For many occupations a single word or term on especially in industrial employments, it is neces-OF. Form laborer, At Home, and children, without more precise specification as Day For persons 6 If the occupation has been changed Automobile factory. The material Loborer-Coal mine, etc. who have no occupation not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebruspinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Corcinomo, Sarcoma, etc., of American Medical Association.) approved by carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Chronic interstitiol nephritis, tetanza) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, taken. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy troin Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; 'Congenital," "Senile," etc.), "Dropsy,
""Heart failure," "Haemorrhage, Committee on Chronic etc. valvular heart Nomenclature The contributory not be diseose

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective ci whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation bas been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeeper's who receive a en at home, worked on may form part of the second statement. Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, man, (b) Automobile factory. The materia who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many ""Deal-

Statement of Cause of Death—Name, first, the Discrete Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same discrete. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros in in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "E:haustion," "Heart Innure, Indemonstrates, "Shook," "Shook, " "Old Age," "Shook, " "Adding Adding Alegar st_ted unless important. use of "Tumor" inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, as fracture of skull, American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronehopneumonia (secondary), cough; or intercurrent) for malignant neoplasms); Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. valvular heart disease; The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

instructions on back

PHYSI-

PLACE OF DEATH	04698 STATE OF MARYLAND
County Murary	CERTIFICATE OF DEATH
hear a	(3) Registration Dist. No. 195
Village or City Davage (No,	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Benjamin Cr	tion, give its NAME in- etend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED JUDGE OR DIVORCEO (Write the word)	16 DATE OF DEATH April 2/11, 1923 (Month) (Day) (Year)
6 DATE OF BIRTH 7	that I last saw h Malive on A 1 2 1 1923 1.
7 AGE Ilf LESS than	and that death occurred on the date stated above, at 130G m.
64(?) ? I day hrs. l day hrs. de. or min. ?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Laboret	Reguestation with
particular kind of work (b) General nature of industry	DE compensation.
business, or establishment in which employed or (employer)	(Duration) yes I mgs ds.
9 BIRTHPLACE (State or country)	Secondary (1)
10 NAME OF BELLA ALLA S.	(Signed) P. TrankEller, M. D.
M 11 BIRTHPLACE	4 22 392 (Address) Save 12, (Mg)
C (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Dicinda Holland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Mars) O Las Bacolons	Former or usual residence
(Informant) favoge, Wd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A CARRIED 4 23 73 10
Filed 4/22/31. 192 Flank Shipley Registrer	20 UNDERTAKER Laurel, Wd.
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, household only (not paid Housekeepers who receive a laborer, Physician, " etc., without more precise specification as Day Foreman, S, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) At Home, and children, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many If the occupation has been changed Laborer-Coal mine, etc. Wom-Locomotive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. stated unless important State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. causing death), 29 ds.; L. unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease chopneumonia (secondary), affection need ctc. The contributory valvular heart Always qualify all Measles ; disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

URE

SI-	PLACE OF DEATH	04699 STATE OF MARY
H	County Howard.	CERTIFICATE OF I
Υ, lied	241	Registration Dist. No.
SSI	Village or City Hamoul (No.	St.: Ward) (If dea
ated EXAC	2FULL NAME Lucy J. Dis	tion, gi stead number
stated propel	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
uld be st hay be pr back of	Jemale 1. This of the word of	16 DATE OF DEATH April 23 (Month) (Day)
houle t ma on b	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the
540	May 15, 188/ (Month) (Day) (Year)	that I last saw h alive on
AG th ctlo	7 AGE (Stongt) (Bay) (Tear)	and that death occurred on the date stated above, at
ms so that netructions	49 yrs. // mos. & ds. or min.?	The CAUSE OF DEATH * was as follows:
suppli n term See in	(a) Trade, profession or Book Keeper	Street by Balts and Olis. R.A.
refully in plai	(b) General nature of industry husiness, or establishment in which employed or (employer) TH. Joonsey Sow	PARASAICH. D. S. U.
EATH impo	9 BIRTHPLACE (State or country) Murgland	Secondary action Corones (Duration) yrs.
F Did	10 NAME OF Charles M. Swaith	(Signed)
Sho Si Si	O II BIRTHPLACE OF FATHER	4 192/ (Address) Joseph Dock
AUS	(State or country) Maryland	*State the Disease Causing Death, er, in Viclent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
rmatic te CA	of MOTHER Georgia Phelps	18 LENGTH OF RESIDENCE (For Hospitals, Instients or Recent Residents)
star Star	13 BIRTHPLACE OF MOTHER (State or country) Muralun (At place In the of deathyrsmosds. Stateyrs
o Jo	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sho ent	(Informant) Mis Marion & Smills	Former or usual residence
Every Item CIANS sho statement	(Address) Hanove mu.	19 PLACE OF BURIAL OR BEMOVAL DATE
S. Ev	15 Filed april 24924 & Bird Walley	29 UNDERTAKER OF A COUNTY ADDRE
T.		Activida to to the time

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give its NAME In-stead of street and number.)

L CERTIFICATE OF DEATH

(Month)(Day). CERTIFY, That I attended the deceased from

DENCE (For Hospitals, Institutions, Transdents)

In the cted,

deaths from and (2) Whether

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emlaborer, Farm loborer. Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physicism, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. Locomotive engineer, But in many

Strtement of Cause of Death—Name, first, the DISEAND CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

- permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

approved preclassus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (increly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid American Medical Association.) Examplest, Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; Chronic valvular heart Chronic interstitial nephritis, etc. The con-If this certificate is looked over thoroughly and all questions fracture of skull, and consequences (e.g., sepeis, "Atrophy," "Collapse," "Come," "Convulsions," Never report mere symptoms or terminal condiby Committee on Nomenclature Example: Measles (disease etc. The contributory affection need not be Measles; disease;

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LNI BINDING WITH UNFADING INK--THIS IS A PERM. MARGIN RESERVED FOR WRITE PL

4.8 No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Howard	GERTIFICATE OF DEATH
	**	(81·10).
	oth. Le	Registration Dist. No.
	Village or City Rvog (No	St: Ward) (If death occurred in a hospital or institu-
	R. R.	tion, give its NAME in-
	2FULL NAME PURECO CON	ah Lross number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WAR	16 DATE OF DEATH
1	Heurol Col OR DIVORCED	1931
	(Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	150 25, 1880	194 to 1921,
	(Month) (Day) (Year)	that I last saw han alive on O 19274,
	7 AGE	and that death occurred on the date stated above, at 12 mm.
1	a mos. 28 ds. or min.	The CAUSE OF DEATH * was as follows:
	BOCCUPATION	THE THE WAY
+	(a) Trade, profession or particular kind of work	H. H
	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration) yrs. mos 9 ds.
		Contributory Myocardial
113	9 BIRTHPLACE (State or country)	Secondary & Kiper Cusions
1.	1 10 NAME OF	(Duration) yrs mos dev
	FATHER John Agrandes	(Signed) M. D.
	II BIRTHPLACE	Africa (Address) Suragely
	OF FATHER (State or country) Column Column	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	I 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
	of MOTHER Sarah Thoulgone	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lients or Recent Residents)
	13 BIRTHPLACE OF MOTHER O - + C A	At place In the
	(State or Country)	of deathyrsds. Stateyrsmosds.
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	M. Thildalmilles	Former or usual residence
1	(Informant) //aurea / meter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Elpridge Mg	Elking Conenty 108 mont
1	Filed april 23 1931 & Bit Wallia	20 INDERTAKER ADDRESS
=	Registrar	I Drown son you Ly
	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more process of the laborer, Farm laborer, Laborer—Coul minc, etc. Womlaborer, Farm laborer, the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASL CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia").: to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Hemorrhage," stited unless important. use of "Tumor" for malignant neoplasms); Measles, (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(E.haustion," "Heart Laure," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis, (secondary or intercurrent) Never report mere symptoms or terminal condi Chronic Example: Measles (disease etc. affection need valvular heart disease; The contributory not be

permanently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

deaths from

DATE OF BURIAL

a hospital or institution, give its NAME ir stead of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart langue," "Shock," "Old Age," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitual nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME instead of street and PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX WIDOWED back OR DIVORCED (Write the word) (Month)(Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Year) (Day) IIf LESS than and that death occurred on the data stated abova, at 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion)yrs......mos...... which employed or (employer) Contributory 9 BIRTHPLACE Secondary MARGIN (State or country) (Durstion) _____yrs......mos. 1925 (Address) Telliegh City 11 BIRTHPLACE *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER RENT (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of death ____yrs.____ds. OF MOTHER (State or Country) Where was disease contracted, P if not at place of death?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWL usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER If more bienks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; if Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. sary to know cases, especially in industrial employments, it is necestired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (teor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Automobile factory. The materia (a) the kind of work and also (b) the (6)

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosfinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on as fracture of skull, and consequences (e. g., sepsis, can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condicough; Chronic valvular heart Nomenclature of the Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- M. M. O. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSI-

V. S. No.

	PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 195
	Village or City Daving (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX Whale White Single, Married- Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH April 5 , 1923 (Month) (Day) (Year)
	(Month) (Day) (Year)	that I last saw h Minalive on July 5 1921,
	39 yrs. 3 mos. 3 ds. or min.? a OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
110	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER W. A and . 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Stokes	(Signed) (Address) (Signed) (M. D. 4) (Address) (Addres
	13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
	(Informant) Mrs. Carl Laine (Address) Savage, Md. Filed 4 19 31 192 Frank Shipley	Former or usus residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOUNDERTAKER LOYA Kaiser Lawel, Wed-

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless importan+ use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as causing death), 29 ds.; L. Whooping (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease chopncumonia (secondary), affection etc. The contributory valvular heart Nomenclature Always qualify all need disease; Measles; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	
County Haward	Registration Dist, No. 195
	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	s ds. How long in U. S. if of foreign blrth?
2. FULL NAME William Coarl M	ason
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
M Coloned Suffect the word)	(Month) 2 (Day) (Yeer)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. Y HEREBY CERTIFY, That I attended decoased from
1 1 2 2 10-	1931, to 4/21, 1931
6. DATE OF BIRTH (month, day, and year) + 16, 22 1931	I lest saw have a live of the said that the said
7. AGE Yaars Months Days If LESS then 1 dey,hrs.	to have occurred on the date stated abova, at
ormin.	were as follows:
8. Treda, profession, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, etc.	Quel Carolise Di Clahin (2)
9. Industry or husiness in which	The state of the s
work wes done, as SILK MILL, SAW MILL, BANK, etc	Dud W luf arry
10. Date deceased last worked at this occupation (month and spent in this	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) . Hey to Kely e	-
(State or country)	
13. NAME Search South	
14. BIRTHPLACE (city or town)	Name of operation Deta of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy? Aug
15. MAIDEN NAME	23. If daeth was dua to externel causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Mason 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Dete of injury, 19
(Steta or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ILA MOSSI	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) High Cledge 18. BURIAL, CREMATION, OR REMOVAL.	
Placa Bacono Centy Date 4/77 1934	Manner of Injury
19. UNDERTAKED SUC. While Co. Line	Neture of Injury
(Address) Family med	If so, specify
20. FILED T/21/31, 19 Chank Shipley, Registrar.	(Signed) Dany M. (Address) Taus I had
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

(Example I	li	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
	Construction desired special s			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Thomas Registration Dist. No. 191 (If death occurred in a hospital or Institu-St.: Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCE (Month) 9 (Day) 93 (Year) Write the word) may I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) IIf LESS than and that death occurred on the date stated above, at 12:15 77 m. 7 AGE l day hrs. The CAUSE OF DEATH * was as follows: 6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 192 / (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER RENT (State or country) CAU 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of death... OF MOTHER vrs......ds. (State or Country) Õ Where was disease contracted, T if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE shoui Former or Every item CIANS sho statement usual residence DATE OF BURIAL PLACE OF BURIAL OR REMOVAL 4-10,1031 20 UNDERTAKER ADDRESS Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

SERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reetc., mer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma, stated unless important. Example: Measles (disease approved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Always qualify all Recommendations on statement of cause of peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, Committee on Nomenclature etc. valvular heart The contributory ," "Convulsions, disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., without more precise specimena. It laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons cnhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Salcsman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EAST DAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Stylhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi cough; Chronic etc. The contributory valvular heart disease; Always qualify all death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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15

PLACE OF DEATH County Honard Me	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Roxboro mullano.	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jest 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH April / 7 , 198/
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on 1922.
If LESS than day hrs. de. or min.	and that death occurred on the date stated above, nt 4. Mm. The CAUSE OF DEATH * was as foliows: Exhaustron from Conglination (Duration) / yrs. 4. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Durstion) (Signed) (Signed) *State the i is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

if more blanks are needed, addre. a Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20 UNDERTAKER

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. g ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscuife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, to report specifically the occupations of persons enworked on may form part of the second statement. Puysician, Housemaid, etc. 01 For many occupations a especially in industrial employments, it is necesyrs). Farm läborer, At Home, and children, without more precise specification as Day Compositor, For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. Wom-Architect, single word or term on Locomotive engineer, not gainfully em-The ques-

Statement of Cause of Death—Name, first, the DISEACE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus, "When a definite disease "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway train-Whooping (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencause for which surgical operation was underperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Committee on Chronic etc. valvular heart Nomenclature of the Always qualify all The contributory Measles; disease; not be

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MAR 30 1933

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 191

ADDRESS

e.,	St.:	Ward)	tion, give i	or instituts NAME in
MEDIC	CAL CERTIF	ICATE O	F DEATH	-
16 DATE OF DEATH			• • • • • • • • • • • • • • • • • • • •	
************				193_1
17 LHERER	(Mo			(Year)
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that I last saw h		/ ///	,	, 19257
and that death occu		//		. 1
The CAUSE OF DEA			above, at	Carles of Language M.
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	(Durat	ion)	yrsn	nos
Contributory Secondary				
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(Signed)				M. D.
agrif 192	A. (Address)	Ell	eers	5
*State the Violent Causes, a Accidental, Suicidal	Disease Causing state (1) Mea or Homicidal.	g Death, ns of Inj	or, in dea	ths from Whether
18 LENGTH OF Rients or Recent R		or Hospita	als, Institut	lons, Trans
At place of deathyrs	mosds.	In the State	yrs	mosds
Where was disease cor if not at place of de	tracted,			
Former or usual residence				
19 PLACE OF BURI	AL OR REMOV	AL	DATE OF	BURIAL
St. Johns C	emetery	4	Jer -	24, 1931

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

Easton Sons

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (72) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or yrs). Farm laborer, Laborer-At Home, and children, without more precise specification as Day For persons (b) Automobile factory. The material who have no occupation -Coal mine, etc. Womnot gainfully em-(6) The ques-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Corebros pinal Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

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20 UNDERTAKER

1876

I day hrs.

(Year)

04769 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 191

St.: Ward)

(If death occurred in a hospital or institution, give its NAME in-stead of street and

ADDRESS

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH About Apr. 1st/31, 192(Month)(Day)(Year) I HEREBY CERTIFY. That I attended the deceased from that I last saw h _____alive on _____, 192....., If LESS than The CAUSE OF DEATH * was as follows: Accidental Browning (Duration) _____yre, ____moe..... Secondary at 1923/ (Address) Clicoth City Wd *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death _____yrs._____ds. Where was disease contracted, if not at place of death?..... Former or usual residence..... DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Pohic

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Cotton mill; (a) Salesman. (b) Automobile factory. The material (6) Grocery,

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> (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvular heart disease; peritonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid Always qualify all " etc.

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